



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 11	12 <input type="checkbox"/> 13 <input type="checkbox"/> 10 <input type="checkbox"/> 17	18 <input type="checkbox"/> S	19 <input type="checkbox"/> S
Remarks					
21 <input type="checkbox"/>					
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 <input type="checkbox"/>	69 <input type="checkbox"/>	70 <input type="checkbox"/>	71 <input type="checkbox"/>	72 <input type="checkbox"/>	73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/>

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Aggregates U.S.A. (Greenback) LLC Greenback Qu. (Limestone) Loudon County NPDES TN0066397	Entry Time/Date 2:10 10-17-2013	Permit Effective Date 3-21-2010
	Exit Time/Date 3:05 10-17-2013	Permit Expiration Date 1-18-2015
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Travis A. Paris, Geologist 865-986-5323	Other Facility Data (e.g., SIC NAICS, and other descriptive information) No discharge at DMP 001. Lab results of sample collected from DMP 001 on 5-17-2013 were in compliance. No violations were noted during the inspection.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Travis A. Paris, Geologist PO Box 15005 Knoxville, TN37901 865-986-5323	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	WRM-MS 865-594-5548	10-17-2013
Bruce Ragon	WRM-MS 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date